

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **1075316**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		101					54						
5		10					55						
6		101					56						
7		10					57						
8		101					58						
9		10					59						
10		101					60						
11		10					61						
12	1	101					62						
13		10					63						
14	4						64						
15	1						65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	11	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	13						TOTAL CLAIMS						